



Emergency and
humanitarian action
in 1994

1.

Relief and rehabilitation activities

The **response-side** of the Division of Emergency and Humanitarian Action (EHA) at headquarters in 1994 was composed of four geographically designated units: (i) the Africa Unit (AFU); (ii) Response for Africa and the Middle East (RAM); (iii) Response for Asia and the Pacific (RAP); and (iv) Response for Europe and the Americas (REA). (With the restructuring of the EHA Division in 1994, some of the units' names and geographical areas they serve have changed, which will be fully reflected in next year's annual report.)

As emergency relief activities are often, by necessity, a **collaborative** effort, this chapter includes all reported emergency and humanitarian action carried out by the **Organization** including its six WHO regional offices (see box 2), on behalf of its Member States. Hence, the countries in this chapter are listed according to the official WHO regional groupings and not by WHO/EHA (regional/country) groupings, to avoid overlap.

African Region (AFRO)

Angola

Since October 1994 WHO has provided support to Angola's Humanitarian Assistance Coordination Unit in its demobilization programme for ex-soldiers and their families, and has assisted in health policy reform and in aid coordination and management.

WHO participated in the discussions and preparation of the consolidated interagency appeal for Angola for 1995, in which it requested \$13.9 million for the implementation of seven projects. The Overseas Development Administration (ODA) of the United Kingdom and the Italian Government have agreed to fund some of the activities in the appeal.

Burundi

A WHO epidemiologist has been working in different camps coping with the influx of Rwandan refugees, and since mid-November 1994 he has also assumed responsibility for medical coordination for UNHCR.

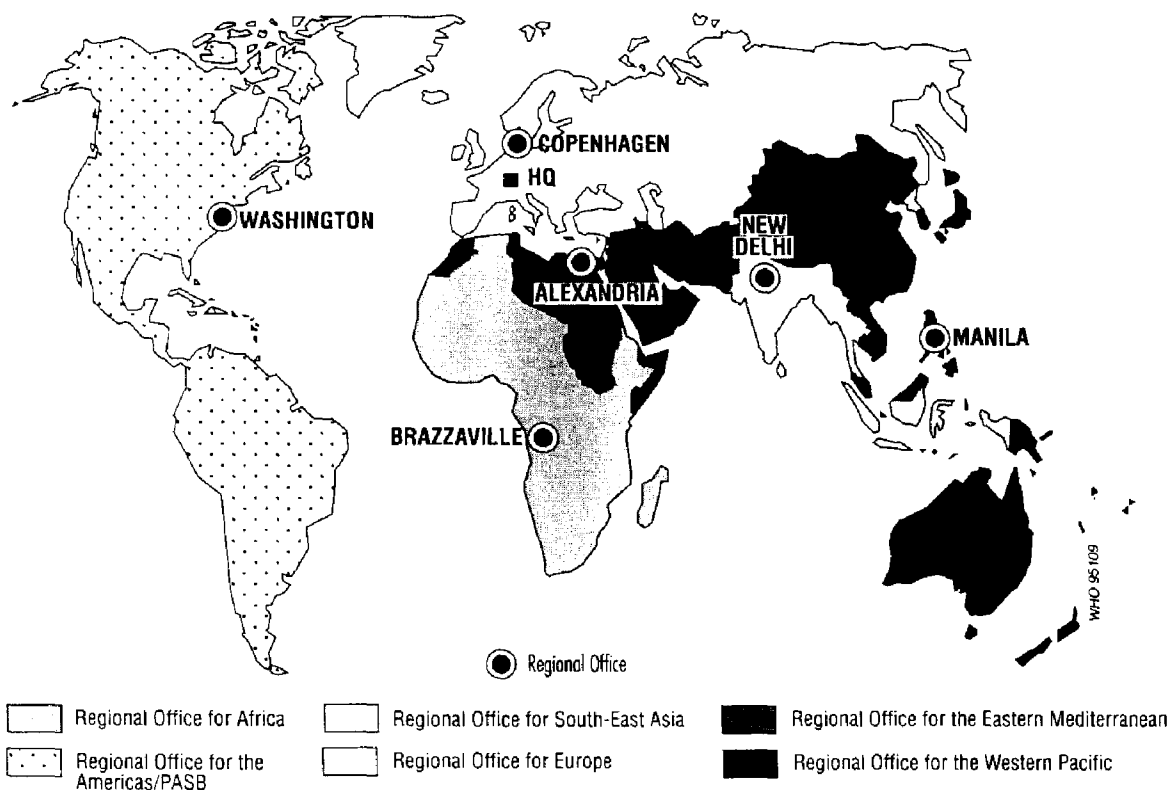
Since the crisis in the country in October 1993, the

WHO office has been supporting the coordination of emergency health activities. It has actively participated in emergency and humanitarian activities at national level in general and in four provinces in particular.

WHO also organized courses to train trainers at camp level in control of acute respiratory and diarrhoeal diseases, and conducted a chemosensitivity study for *Shigella* (dysentery type 1) in several camps, in collaboration with Belgium Cooperation. A review of the country's health information system was carried out, and a standardized approach to data collection in the camps was developed. Each camp now has its own database and transmits weekly data to Bujumbura, using UNHCR's communications network.

Eritrea

WHO, in collaboration with the Ministry of Health and the Commission of Eritrean Refugee Affairs, as well as other organizations of the United Nations system represented in Asmara, is implementing health sector aspects of the Programme for Refugee Reintegration and Rehabilitation of Resettlement Areas in Eritrea (PROFERI).

Box 2. Six WHO regional offices and the areas they serve

The programme foresees, among other things, provision of basic health services to 4500 families, or 24 000 individuals, in nine different resettlement areas in Eritrea.

WHO is collaborating in the execution of four projects funded by the Government of Italy. The first project, implemented in collaboration with a group of surgeons from the University of Messina, Italy, has treated over 40 war veterans needing specialized surgery, and has equipped four surgical theatres and trained local surgeons. The second project, which caters for the physically handicapped, is for setting up and equipping six peripheral orthopaedic workshops, and the financing of training of seven fellows in the United Republic of Tanzania in the manufacturing of orthopaedic materials for the handicapped. Malaria control figures prominently in the third project, where WHO has provided laboratory equipment, antimalarial drugs, insecticides, vehicles for insecticide spraying and other vector-control equipment. The fourth project is being implemented in collaboration with the *Istituto di Sanità* of Rome, Italy. The project aims at training ex-soldiers with experience

in health work for the national health service. The project also has designed two training courses for nurses and health officers, and will provide equipment, transport and teaching/learning material and meet running expenses for a period of one year.

Ethiopia

As a result of a poor *Meher* harvest (main harvest in Ethiopia) and an equally bad *Belg* harvest (following the short rains) in 1994, some 6.7 million people suffered the health effects of food shortages.

In response to this situation, WHO collaborated with the United Nations Department of Humanitarian Affairs and launched an appeal, which resulted in a donation from the Government of the Netherlands allowing for the provision of essential drugs and medical supplies to help in the control of malaria and tuberculosis epidemics.

In collaboration with the Ministry of Health, WHO completed a \$2.5 million project, also funded by the

Government of the Netherlands, which rehabilitated two hospitals, four health centres and 41 health stations damaged during the civil war. WHO also provided equipment and furniture for these facilities.

Lesotho

During the 1992-1994 drought emergency, WHO, in collaboration with the Government, other organizations of the United Nations system and nongovernmental organizations, devised relief strategies and action plans for water and sanitation, agriculture, health and nutrition, including food aid distribution and logistics.

WHO helped to establish a drought operations office, and provided financial and technical support in the development of a nutrition surveillance system; it also recruited an associate professional officer in nutrition to develop a plan of action and to train nationals in operating the system.

Liberia

WHO participated in the preparation of the 1995 consolidated interagency appeal for \$5.3 million to help implement six projects. In response to a cholera outbreak in Monrovia in early November 1994, and at the request of the Ministry of Health, WHO provided funds to the WHO Representative for, among other things, the local purchase of 1500 litres of Ringer's lactate.

Mozambique

From December 1992 to December 1994, WHO implemented a primary health care programme in assembly areas for demobilized soldiers and their families, in collaboration with nongovernmental organizations and the Government Military Health Department under the United Nations Operations for Mozambique (UNOMOZ). WHO seconded a staff member to the technical unit of UNOMOZ to manage the programme, and a second staff member was seconded to the United Nations Office for Humanitarian Assistance Coordination (UNOHAC).

The programme accomplished the following: 59 347 soldiers were given medical check-ups in the 49 assembly areas; 233 365 consultations and medical examinations were performed benefiting soldiers, dependents and the local population; 3237 disabled soldiers were identified for follow-up rehabilitation; six health services premises were rehabilitated to form part of the national health

system; health education activities were carried out in accordance with national policy and guidelines; health workers and local health officers of *Resistencia Nacional Mozambicana* (RENAMO) were given on-the-job training by WHO and nongovernmental organizations; epidemiological information was collected and shared with all appropriate entities, including the Ministry of Health.

Rwanda

WHO reopened its country office in Kigali on 4 August 1994. A *Special Coordinator* was appointed and specialists in a large number of fields were sent on missions of various duration to help solve specific problems. While emergency activities by WHO initially were conducted either directly or through active support to nongovernmental organizations at field level, WHO subsequently placed its emphasis on supporting the Ministry of Health in its emergency health activities and, at the same time, taking the first steps towards the rehabilitation of the national health system.

A *first mapping* of existing health services in Rwanda was done in August 1994 by WHO, using geographical information system (GIS) technology. Following a quick assessment in September 1994, jointly with UNICEF, of the immediate needs of the population for medical care, a thorough review of existing infrastructure, equipment and personnel was conducted in October 1994. This review constituted the basis for the National Rehabilitation Plan of the Ministry of Health, which was presented by the Government of Rwanda to the donor community in January 1995 in Geneva.

Since October 1994 a WHO health policy adviser has been working with the Ministry of Health in restructuring the health system. The strategies proposed have been adopted at the national and provincial levels.

A project to further strengthen the capacity of the badly damaged health system and to organize, operate and follow-up a *monitoring system* for prevention and control of epidemics was implemented in November 1994 by WHO with World Bank support.

WHO is providing to *Kigali Central Hospital* laboratory reagents, antisera, cultures, antibiotics and support material to perform proper diagnosis on infections, and tests of chemosensitivity and resistance to antibiotics. Also, a special study on the resistance of *Shigella dysenteriae* type 1 is continuing.

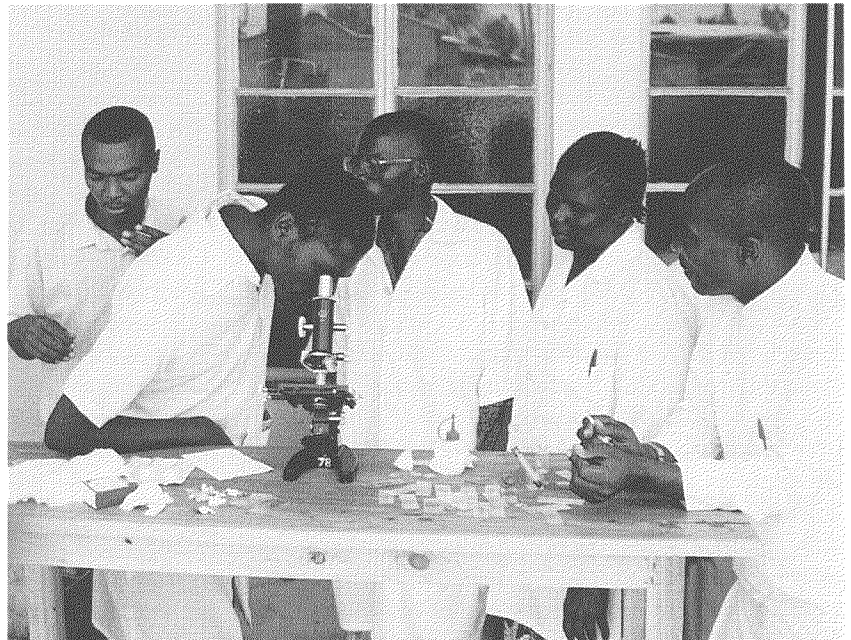
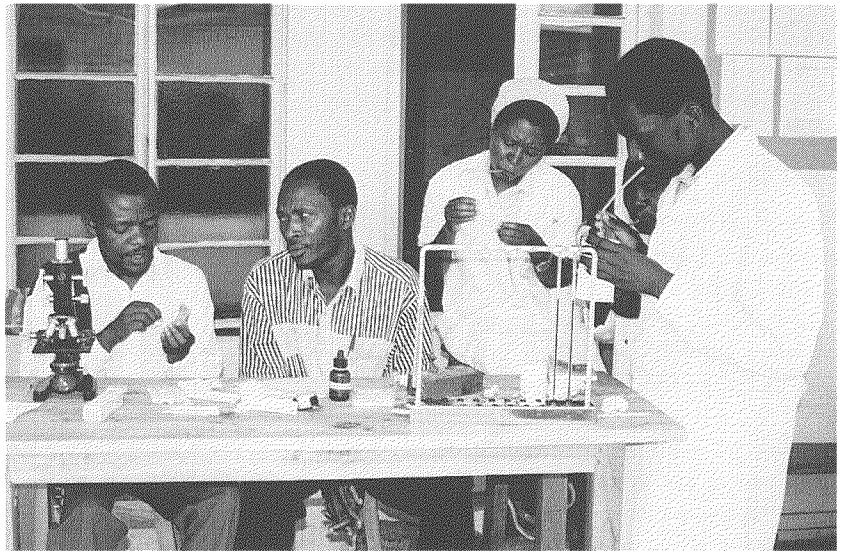
Initially WHO provided technical support and material for *blood transfusion*, including HIV testing, which allowed all blood used since August 1994 in Rwanda to

be tested. In August 1994, programme priorities were redefined and long-term technical cooperation began. AIDS control programme premises have been re-equipped, and information, education and communication (IEC) activities are being carried out by nongovernmental organizations with WHO support.

In November 1994, a WHO consultant team made a rapid assessment of the extent and seriousness of *mental disorders and psychological needs* among returned refugees and displaced persons, including orphans, as well as the present conditions of mental health services in the country. The team saw an urgent need for care of neuropsychiatric patients in Kigali, as the services had been destroyed and staff either killed or displaced. With support from Spanish Cooperation, WHO plans to assist the rehabilitation of the Neuropsychiatric Hospital in Ndera.

In October, a WHO consultant reviewed with national authorities the *maternal and child health* services in Rwanda. The Ministry of Health agreed that the WHO "Mother-Baby Package" would be the framework adopted for the rehabilitation of the minimum health services to be provided to mothers and newborns, both in health facilities and at community level. A WHO "Safe Motherhood" project is being implemented focusing on five prefectures, with Italian Government support. The key components of the project are planning, training, logistic support and information, education and communication. Initial efforts concentrate on re-establishing a minimum of infrastructure in damaged and looted health centres by supplying basic equipment and supplies for maternal and child health services.

In August and September, in support of *drug management and policy*, a WHO consultant, in collaboration with UNICEF and *Pharmaciens sans Frontières*, helped



Goma, Zaire Nurses from national health centres being trained in basic laboratory procedures in the lab at Ami-Kivu. (WHO)

restart the central pharmaceutical office (OPHAR) to make it functional. By the end of 1994, this office had regained most of its former capacity for providing drugs to health centres. A WHO project to further strengthen these activities has been under way since November with World Bank support. It includes the procurement of